

Exhibit C

Affidavit of Blake Jennings

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
EASTERN DIVISION**

JESSIE W. PEARSON,)	
)	
Plaintiff,)	
)	
v.)	Civil Action No. 3:05-CV-418-T
)	
DAVID MCNAIR, et al.,)	
)	
Defendants.)	

AFFIDAVIT OF BLAKE JENNINGS

STATE OF ALABAMA)
)
COUNTY OF TALLAPOOSA)

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Blake Jennings, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Blake Jennings. I am over the age of nineteen and competent to make this affidavit.

2. I have been employed by the Tallapoosa County Sheriff's Department since 1998. On March 19, 2004, I became the Jail Administrator of the Tallapoosa County Jail.

3. I am familiar with the Plaintiff due to his incarceration in the Tallapoosa County Detention Facility; however, I am not personally familiar with the allegations made the basis of the Plaintiff's Complaint, as he never made any such complaints known to me.

4. It is the policy of the Tallapoosa County Jail that access to appropriate health care services are provided for the inmates of the Jail for their physical and emotional well-

being. An inmate requesting any type of health care services may submit either an Inmate Request Form or Medical Request/Charge Sheet stating the service desired. At the time of admission to the jail, each inmate undergoes a medical screening completed by the booking officer. In the event of a medical emergency, or a perceived medical emergency, the Shift Supervisor will arrange for medical services without delay. The Shift Supervisor ensures that the medical protocol is followed to ensure a safe and secure manner is maintained. Except in the case of an emergency, each inmate requesting medical services is screened by the jail nurse who then makes a referral to a physician if it is determined that a physician visit is appropriate. All medical appointments, including appointments with the jail nurse are logged by the jail staff in the inmate log. Inmates are given prescription medication as prescribed. Medication is distributed according to instructions from the prescribing physician and is distributed by a jail staff member as directed by the jail nurse. Staff members of the Tallapoosa County Jail take no deliberate action to block, deny, or delay access of an inmate to health care.

5. It is the policy of the Tallapoosa County Jail that any inmate with a communicable disease will be handled and treated in a proper manner. Any inmate diagnosed as having a communicable disease is handled according to instructions from a health care professional. Any inmate diagnosed as having any communicable disease is housed in a single cell and distanced from contact with other inmates during the period of time he may be able to communicate the disease to another person.

6. The Tallapoosa County Jail policies regarding inmate workers (work detail) and work release are set forth in the Inmate Handbook. Inmate workers are selected by the Jail Administrator upon recommendation of the shift supervisor. The selection is based on the


inmate's criminal charge, behavior while in jail and ability to adequately perform the designated task. Selection is done strictly by recommendation of the staff. Work release is a separate program from the inmate worker/work detail program. Inmates who wish to participate in work release must first be ordered by the presiding judge in that inmate's case. Once this order is issued, it is the inmate's responsibility to locate an employer to hire him.

7. Internal grievance procedures at the Tallapoosa County Jail are available to all inmates and such policy is made known to the inmates upon their admission to the detention center via the Inmate Rules and Regulations Handbook. It is the policy of the Tallapoosa County Jail that inmates are permitted to submit grievances and that each grievance will be acted upon accordingly. Inmates are given an inmate grievance form upon their request to complete and return to a jail staff member for any grievance they may have. It is further the policy and procedure of the Tallapoosa County Jail to place each such grievance in the inmate's file for a record of the same.

8. The Plaintiff has never submitted a grievance form regarding any of the allegations that form the basis of his complaint. Had a grievance been submitted, it would have been signed and dated by the correctional officer receiving the grievance and a copy would have been placed in the Plaintiff's inmate file, with a copy being returned to the inmate for his records. No such grievance has ever been made by the Plaintiff, despite the fact that he is familiar with the grievance procedures of the jail, as evidenced by his several requests forms submitted.

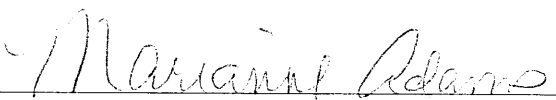
9. Attached to the Special Report are true and accurate documents contained in the Plaintiff's jail file. I am currently the custodian of such documents, which were kept by me in the ordinary course of my business.

10. I swear to the best of my present knowledge, information, and belief that the above statements are true; that I am competent to make this affidavit; and, the above statements are made by drawing from my personal knowledge of the situation.



BLAKE JENNINGS

SWORN TO and **SUBSCRIBED** before me this 17 day of June, 2005.



NOTARY PUBLIC
My Commission Expires: MY COMMISSION EXPIRES JULY 18, 2008

Exhibit D

Affidavit of Cathy Dubose

JUN 17 2005 (FRI) 16:13
JUN 17 2005 1:55PM

TALLAPOOSA COUNTY SHERIFF'S DEPT 2568251012

No. 2930

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**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
EASTERN DIVISION**

JESSIE W. PEARSON,**Plaintiff,****v.****DAVID MCNAIR, et al.,****Defendants.****Civil Action No. 3:05-CV-418-T**

AFFIDAVIT OF CATHY DUBOSE

STATE OF ALABAMA**COUNTY OF TALLAPOOSA**

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Cathy Dubose, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Cathy Dubose. I am over the age of nineteen and competent to make this affidavit.
2. I am a Registered Nurse and provide medical services to the inmates at the Tallapoosa County Jail and have done so since January 23, 2005.
3. Attached to the Special Report are true and accurate medical documents contained in the Plaintiff's medical file. I am currently the custodian of such documents, which were kept by me in the ordinary course of my business.
4. After an inmate has been in the Tallapoosa County Jail for two weeks, he is screened for Tuberculosis, HIV, and syphilis.

JUN 17 2005 (FRI) 16:14
JUN 17 2005 1:55PM

TALLAPOOSA COUNTY SHERIFF'S DEPT 2568251012

No. 2930

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5. Since I have worked at the Tallapoosa County Jail, I have not had an inmate test positive for HIV or syphilis.

6. The records in Plaintiff's Medical file show that on March 29, 2004, Plaintiff was placed in the Medical Observation cell and was prescribed 600 mg Ibuprofen on March 30, 2004. Plaintiff was also treated on several other occasions by the medical staff at the Tallapoosa County Jail.

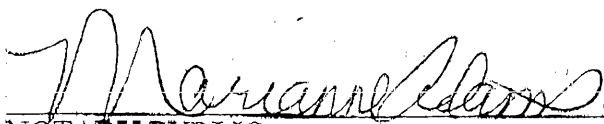
7. On April 14, 2004, Plaintiff had a positive Tuberculosis Skin test. However, this positive result does not mean that Plaintiff had Tuberculosis. It only means that he had germs in his body that cause Tuberculosis. Plaintiff was sent to the Tallapoosa County Health Department for a chest x-ray which came back normal. However, as a preventative measure, the doctor prescribed INH (Isoniazid) for Plaintiff. Plaintiff agreed to the doctor's recommendation and was treated accordingly.

8. Plaintiff Jessie Pearson requested that I call his family and ask them to bring him his glasses. I complied with this request

9. I swear to the best of my present knowledge, information, and belief that the above statements are true; that I am competent to make this affidavit; and, the above statements are made by drawing from my personal knowledge of the situation.


CATHY DUBOSE

SWORN TO and SUBSCRIBED before me this 17 day of June, 2005.


NOTARY PUBLIC
My Commission Expires: MY COMMISSION EXPIRES JULY 13, 2008

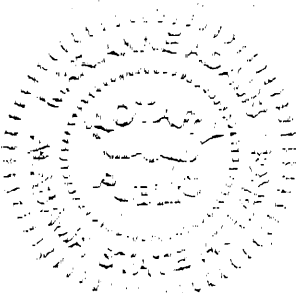


Exhibit E
Inmate Medical Records of Jessie W.
Pearson

EDICATIONS/PHYSICIAN C ORDERS

Person Josselyn

NKA

MEDICATIONS			
Date	Medication (List all current medications except those listed on the front of this form)	Dosage/Route/Administration	Date Discontinue

PHYSICIAN ORDERS

Date	Order	Signature
3/30/04	Ibuprofen 600mg ÷ po BID PRN	Arleph
5/12/04	ZIN 300mg ÷ po q am HD Rec.	Arleph
5/24/04	Drixomed ÷ po BID x 1 wk	Arleph
6/11/04	Pacitrim DS ÷ po BID x 1 wk	Arleph
9/22/04	Vitamin B-6 25mg ÷ po q am HD Rec.	Arleph
12/7/04	Drixomed ÷ po BID x 1 wk	Arleph
3/14/05	Drixomed ÷ po bid x 1 wk Ex St Tylenol po bid x 7 days	C. L. Boser R.
3-17-05	Bactrim ÷ po bid x 2 week	
3-30-05	Ibuprofen 400mg ÷ po bid as needed	C. L. Boser R.
4-11-05	Benadryl 25mg 1 twice a day as needed	C. L. Boser R.
4-15-05	Drixomed ÷ po bid x 7 days	C. L. Boser R.
4-15-05	Miconazole Cream 2% daily as needed	C. L. Boser R.

Person. Ver. 11

[illegible]

PHYSICIAN ORDERS

[illegible]

PROGRESS NOTES

Name _____

Name Pearson Jessie

UMR #

Date	Service Area	Sign All Entries
3-30-05		<p>No chronic pain Started on Ibuprofen for bid as needed also restarted Synth (Bactrim DS) for 1 more wk as I misinterpreted the order as 7 days not 2 weeks. Will restart for 1 more wk</p> <p>C. L. Dubose</p>
4-15-05		<p>No Head stopped up Started on Unisom bid X 7 days</p> <p>C. L. Dubose R</p>
5-10-05		<p>No Headache @ night 1030 ish pt wants Ibuprofen Diced "don't do any good" also wants Benadryl Diced "don't do any good" Requests Tylenol @ night (2) BP 120/78 States Chest aches going from 1 arm always across chest to other arm, like heart burn. Will Monitor</p> <p>C. L. Dubose R</p>

PROGRESS NOTES

Name Pearson, JESSIE W.

UMR # _____

Date	Service Area	Sign All Entries
11/24/04		Inmate per request for complaint bruise left leg. Inmate noted he struck back of left leg on table Sunday pm. Inmate noted he have bruising area but skin intact → no interventions
12/1/04		Complaining of pain above eye / sinus congestion pressure esp early AM + HS. Will place decongestant on nose for BTD X 1wk
12/14/04		Released
2/17/05		Copy of requested info mailed to DD Services as requested
3-14/05		C/O cold put skin ointment + tylenol on cut for 7 days
3-17-5		C/O (over old) for off-cu x several weeks offic + use st wt stable Bm O- Vitals stable stable chut ch Hs N/A A/W soft tan 2+ lower old retrial tan blegg pink OR ng A Prokhl R But B F W J
3-17-05		MD in New Orleans attn Bactin D S - PC H/d X 14 days
3-21-05		HP Bone 52y BM H 5'11" wt 170# N/A BP 104/60 (medicated) 2x per day fx 3" + 4" fingers (B-1999. @ Court med cond. smokes 1 pk g/d X 30 yrs denies needles use. ETOH 1 pint g/d X 30 yrs. PPD w/ C.F.A. blood glucose @ cc X 1 attempt for syphilis + HT test. — (20 yrs)

Daily Jail Check Log

Date 2-29-04

[illegible]

Maupooosa County Jail

Daily Jail Check Log

Cell: C-10Date 5/3/04Inmate: Pearson, Jesse

Time	Remarks	C.O.	Time	Remarks	C.O.
10 ¹⁵ AM	Moved to	aw	200	Laying on side	157
	C-10 Medical		230	Laying on back	157
1155	Asleep @ Side	137	300	Laying on back	157
1225	Gone TR	137	337	Laying on back	157
1240	TR up	177	0405	Laying on back	157
1414	Sleep @ Side	147	430	Laying on stomach	157
1500	talked to me	142	0446	Laying on stomach	73
1535	Sleep @ Side	147	0553	Laying on stomach	73
1740	Transferred	157	0620	Laying up	73
1839	Tray up	134	0636	on left side	73
1911	looked on	158	0651	on left side	73
2004	Mess Given	147	0703	on left side	73
2015	Laying on @ side	158	0717	on left side	73
2031	Laying on @ side	158	0721	on left side	73
2104	Laying on @ side	157	0745	Gone to court	C3
2136	Laying on @ side	157	0820	Still at	C3
2142	Laying on back	110		Court	
2205	Laying on back	110	1140	Laying on bed	C156
2222	Laying on back	158	1145	Laying on bed	73
2256	Laying on @ side	110	1226	Laying on bed	73
2315	Laying on back	158	1511	Standing	C3
2325	Laying on back	158		at window	
0033	Laying on @ side	157	1550	plack list	73
0036	Laying on @ side	110			
0109	Laying on @ side	157			
0133	Laying on @ side	157			

Tallapoosa County Jail
Medical Request/Charge Sheet

Inmate Name: JESSIE PERKINS

NID# _____

Date of Birth 7-23-52

Co-payment Charged For:

<input type="checkbox"/> Emergency Room Visit initiated by inmate	_____	\$15.00
<input checked="" type="checkbox"/> Sick Call (Nurse Visit)	_____	\$ 5.00
<input type="checkbox"/> Doctor Visit (requested)	_____	\$15.00
<input type="checkbox"/> Dentist Visit	_____	\$20.00
<input type="checkbox"/> Prescription or prescribed medication	_____	\$ 5.00
<input checked="" type="checkbox"/> Over the counter medication	_____	\$.25
<input type="checkbox"/> Other	_____	\$ _____

TOTAL-----\$ 5.25

State Your Problem: MY HEAD ACHES FEVER COLD
CATCHY SORE EYES BACK PAIN LONGER APPROXIMATED

I UNDERSTAND THAT BY MAKING THIS REQUEST, I AM RESPONSIBLE FOR THE CO-PAY AMOUNTS DESCRIBED ABOVE. I FURTHER UNDERSTAND THAT THE DESIGNATED AMOUNT WILL BE DEDUCTED FROM MY COMMISSARY ACCOUNT AS OUTLINED IN SECTION 6.0 PARAGRAPH F OF THE "INMATE RULES AND REGULATIONS".

Inmate Signature: Jessie Perkins

Date 3-15-05

Medical Staff Signature: C. Osborne

Date 3-15-05

UPON COMPLETION BY MEDICAL STAFF, A COPY WILL BE MAINTAINED IN MEDICAL FILE AND THE ORIGINAL IS TO BE FORWARDED TO THE JAIL ADMINISTRATOR'S OFFICE

Tallapoosa County Jail

Medical Request/Charge Sheet

Inmate Name: JESSIE W PEARSON

NID# 43542 Date of Birth 7-23-52

Co-payment Charged For:

<input type="checkbox"/> Emergency Room Visit initiated by inmate	\$15.00
<input type="checkbox"/> Sick Call (Nurse Visit)	\$ 5.00
<input checked="" type="checkbox"/> Doctor Visit (requested)	\$15.00
<input type="checkbox"/> Dentist Visit	\$20.00
<input checked="" type="checkbox"/> Prescription or prescribed medication	\$ 5.00
<input type="checkbox"/> Over the counter medication	\$.25
<input type="checkbox"/> Other <u>Colon Cancer Test</u>	\$

TOTAL ----- \$ 20.00

State Your Problem:

I AM A STATE INMATE. I WANT TO
GET A COLON CANCER TEST CAN THE COUNTY JAIL
ARRANGE IT FOR ME. I AM 52 YEARS OLD. I DON'T
KNOW WHEN I WILL BE GOING TO COURT. IT COULD
BE TWO OR THREE MO. I WOULD LIKE TO HAVE THIS DONE.

I UNDERSTAND THAT BY MAKING THIS REQUEST, I AM RESPONSIBLE FOR THE CO-PAY AMOUNTS DESCRIBED ABOVE. I FURTHER UNDERSTAND THAT THE DESIGNATED AMOUNT WILL BE DEDUCTED FROM MY COMMISSARY ACCOUNT AS OUTLINED IN SECTION 6.0 PARAGRAPH F OF THE "INMATE RULES AND REGULATIONS".

Inmate Signature:

Jessie W Pearson

Date

3-18-05

Medical Staff Signature:

C. LeBrix RN

Date

3/17/05

Tallapoosa County Jail

Medical Request/Charge Sheet

Inmate Name: JESSIE PARSON

NID# _____

Date of Birth 7-23-52

Co-payment Charged For:

<input type="checkbox"/> Emergency Room Visit initiated by inmate	\$15.00
<input checked="" type="checkbox"/> Sick Call (Nurse Visit)	\$ 5.00
<input type="checkbox"/> Doctor Visit (requested)	\$15.00
<input type="checkbox"/> Dentist Visit	\$20.00
<input type="checkbox"/> Prescription or prescribed medication	\$ 5.00
<input checked="" type="checkbox"/> Over the counter medication	\$.25
<input type="checkbox"/> Other _____	\$ _____

TOTAL-----\$ 5.25State Your Problem: Headache, Sore Eyes
Can't sleep at night, Sore nose,
breathing hard

I UNDERSTAND THAT BY MAKING THIS REQUEST, I AM RESPONSIBLE FOR THE CO-PAY AMOUNTS DESCRIBED ABOVE. I FURTHER UNDERSTAND THAT THE DESIGNATED AMOUNT WILL BE DEDUCTED FROM MY COMMISSARY ACCOUNT AS OUTLINED IN SECTION 6.0 PARAGRAPH F OF THE "INMATE RULES AND REGULATIONS".

Inmate Signature: Jessie ParsonDate 3-28-05Medical Staff Signature: C. A. BorekDate 3-30-05

UPON COMPLETION BY MEDICAL STAFF, A COPY WILL BE MAINTAINED IN MEDICAL FILE AND THE ORIGINAL IS TO BE FORWARDED TO THE JAIL ADMINISTRATOR'S OFFICE

04/04/2005
10:49

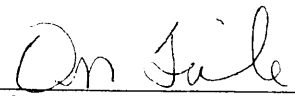
Tallapoosa County Sheriff's Department

Page: 422
1

Check/Id Number: 1110
Date: 04/04/2005
Cash Account for: 43542
JESSIE WALTER PEARSON

Acct. Balance: \$5.47
Loc: TCJ -TCJ -C -C-6 -0017

I, JESSIE WALTER PEARSON, hereby authorize the withdrawl of \$5.25 from my cash account, to be paid to TALLAPOOSA COUNTY COMMISSION by MADAMS


JESSIE WALTER PEARSON

I, MADAMS, certify that I have withdrawn \$5.25 from the cash account of JESSIE WALTER PEARSON and paid this amount to TALLAPOOSA COUNTY COMMISSION as authorized.

By: 
MADAMS

I, TALLAPOOSA COUNTY COMMISSION, hereby certify that I have received \$5.25 withdrawn from the cash account of JESSIE WALTER PEARSON

TALLAPOOSA COUNTY COMMISSION

Tallapoosa County Jail

Medical Request/Charge Sheet

Inmate Name: JESSIE L PEARSON

NID# _____ Date of Birth 7-23-52

Co-payment Charged For:

_____ Emergency Room Visit initiated by inmate	_____ \$15.00
_____ Sick Call (Nurse Visit)	_____ \$ 5.00
_____ Doctor Visit (requested)	_____ \$15.00
_____ Dentist Visit	_____ \$20.00
_____ Prescription or prescribed medication	_____ \$ 5.00
_____ Over the counter medication	_____ \$.25
<input checked="" type="checkbox"/> Other _____	_____ \$ _____

TOTAL-----\$ 15.00

State Your Problem: 4-12-05 HEAD STARTED hurting
about 230pm A MIGRAINE HEADACHE NOSE STOP
UP, I AM Letting the NURSE know and RECORD
THIS, I WILL keep ONE for my RECORD,

I UNDERSTAND THAT BY MAKING THIS REQUEST, I AM RESPONSIBLE FOR THE CO-PAY AMOUNTS DESCRIBED ABOVE. I FURTHER UNDERSTAND THAT THE DESIGNATED AMOUNT WILL BE DEDUCTED FROM MY COMMISSARY ACCOUNT AS OUTLINED IN SECTION 6.0 PARAGRAPH F OF THE "INMATE RULES AND REGULATIONS".

Inmate Signature: Jessie L Pearson Date 4-12-05

Medical Staff Signature: C. LeBore R Date 4-13-05

UPON COMPLETION BY MEDICAL STAFF, A COPY WILL BE MAINTAINED IN MEDICAL FILE AND THE ORIGINAL IS TO BE FORWARDED TO THE JAIL ADMINISTRATOR'S OFFICE

Started on Benadryl 25mg bid prn

Tallapoosa County Jail

Medical Request/Charge Sheet

Inmate Name: JESSIE W. PEARSON

NID# _____ Date of Birth 7-23-52

Co-payment Charged For:

<input type="checkbox"/> Emergency Room Visit initiated by inmate	\$15.00
<input checked="" type="checkbox"/> Sick Call (Nurse Visit)	\$ 5.00
<input type="checkbox"/> Doctor Visit (requested)	\$15.00
<input type="checkbox"/> Dentist Visit	\$20.00
<input type="checkbox"/> Prescription or prescribed medication	\$ 5.00
<input checked="" type="checkbox"/> Over the counter medication	\$.25
<input type="checkbox"/> Other	\$ _____

TOTAL-----\$ 5.25

State Your Problem: I HAVE GOT THE SYMPTOM OF
SINGS OF A FLU OR COLD, STOP UP NOSE
HARD TO BREATHE AND I CAN'T SLEEP AT NIGHT
BURNING NOSE, HEADACHE

I UNDERSTAND THAT BY MAKING THIS REQUEST, I AM RESPONSIBLE FOR THE CO-PAY AMOUNTS DESCRIBED ABOVE. I FURTHER UNDERSTAND THAT THE DESIGNATED AMOUNT WILL BE DEDUCTED FROM MY COMMISSARY ACCOUNT AS OUTLINED IN SECTION 6.0 PARAGRAPH F OF THE "INMATE RULES AND REGULATIONS".

Inmate Signature: Jessie W. Pearson Date 4-15-05

Medical Staff Signature: C. Labox RN Date 4-15-05

UPON COMPLETION BY MEDICAL STAFF, A COPY WILL BE MAINTAINED IN MEDICAL FILE AND THE ORIGINAL IS TO BE FORWARDED TO THE JAIL ADMINISTRATOR'S OFFICE

Tallapoosa County Jail

Medical Request/Charge Sheet

Inmate Name: JESSIE L PARSONNID# 43542Date of Birth 7-23-52

Co-payment Charged For:

<input type="checkbox"/> Emergency Room Visit initiated by inmate	\$15.00
<input checked="" type="checkbox"/> Sick Call (Nurse Visit)	\$ 5.00
<input type="checkbox"/> Doctor Visit (requested)	\$15.00
<input type="checkbox"/> Dentist Visit	\$20.00
<input type="checkbox"/> Prescription or prescribed medication	\$ 5.00
<input checked="" type="checkbox"/> Over the counter medication	\$.25
<input checked="" type="checkbox"/> Other <u>discuss help</u>	\$

TOTAL-----\$ 5.25State Your Problem: Dear Nurse, I want to tellyou about my MIGRAINE HEADACHE AND EYE AGELAST NIGHT I HAD CHEST PAIN ACROSS MY CHESTAND DRUGS, WOULD YOU PLEASE LOOK INTO THIS5-10-05 PLEASE SRR MRSUN, CROMIX PAIN

I UNDERSTAND THAT BY MAKING THIS REQUEST, I AM RESPONSIBLE FOR THE CO-PAY AMOUNTS DESCRIBED ABOVE. I FURTHER UNDERSTAND THAT THE DESIGNATED AMOUNT WILL BE DEDUCTED FROM MY COMMISSARY ACCOUNT AS OUTLINED IN SECTION 6.0 PARAGRAPH F OF THE "INMATE RULES AND REGULATIONS".

Inmate Signature: Jessie ParsonDate 5-10-05Medical Staff Signature: C. LeBoeufDate 5/10/05 7:30AM

UPON COMPLETION BY MEDICAL STAFF, A COPY WILL BE MAINTAINED IN MEDICAL FILE AND THE ORIGINAL IS TO BE FORWARDED TO THE JAIL ADMINISTRATOR'S OFFICE

Tallapoosa County Jail

Medical Request/Charge Sheet

Inmate Name: JESSIE PRANSON

NID# _____

Date of Birth 7-23-52

Co-payment Charged For:

<input type="checkbox"/> Emergency Room Visit initiated by inmate	\$15.00
<input checked="" type="checkbox"/> Sick Call (Nurse Visit)	\$ 5.00
<input type="checkbox"/> Doctor Visit (requested)	\$15.00
<input type="checkbox"/> Dentist Visit	\$20.00
<input checked="" type="checkbox"/> Prescription or prescribed medication	\$ 5.00
<input checked="" type="checkbox"/> Over the counter medication	\$.25
<input type="checkbox"/> Other	\$ _____

TOTAL ----- \$ 5.25State Your Problem: NISE STOPPED TURNING IN SIDE NISE

EYES SORE EYE LATERY SINCE PAIN NECK STIFF, HANDS & LOWER
THIS IS THE 3RD TIME I HAVE HAD THESE PROBLEMS SINCE 3-05
HAVE SEEN YOU 2 TIMES ABOUT IT, THESE FEEL LIKE PROBLEMS
ARE CAUSED BY THE AIR CONDITION RUN 24 HOUR NIGHT AND DAY AND SLEEP

I UNDERSTAND THAT BY MAKING THIS REQUEST, I AM RESPONSIBLE FOR THE CO-PAY AMOUNTS DESCRIBED ABOVE. I FURTHER UNDERSTAND THAT THE DESIGNATED AMOUNT WILL BE DEDUCTED FROM MY COMMISSARY ACCOUNT AS OUTLINED IN SECTION 6.0 PARAGRAPH F OF THE "INMATE RULES AND REGULATIONS".

PLEASE KEEP THIS IN MY RECORD.

Inmate Signature: Jessie L. PransonDate 5-22-05Medical Staff Signature: C. LeBoeufDate 5-24-05

UPON COMPLETION BY MEDICAL STAFF, A COPY WILL BE MAINTAINED IN MEDICAL FILE AND THE ORIGINAL IS TO BE FORWARDED TO THE JAIL ADMINISTRATOR'S OFFICE

Exhibit F
TB Clinical Record for Jessie W.
Pearson

TB CLINICAL RECC

Clinic: ☐ Outpatient ☒ Regular chestFirst X-ray ☒ Re-X-ray ☐

Date of X-Ray: 4-16-04 X-ray No

Occupations: Present 2110-2005a CO Jail

Past

Personal Physician(s)

EVALUATION: (If contact; Name of index case, why TB tested, who referred and why.)

CURRENT SYMPTOMS & MEDICAL HISTORY:

Loss of appetite: YES/NO Weight loss: YES/NO Fever: YES/NO Chest pain: YES/NO Night sweats: YES/NO

Hoarseness: YES/NO Liver disease: YES/NO Fatigue: YES/NO Dyspnea: YES/NO

Smoker: YES/NO Packs per day 2 pk/Day Number of years 25 yrs

Alcohol use: YES/NO Quantity: 1 pk/Day Frequency 25 yrs

Allergies: YES/NO To what:

Productive cough: YES/NO

Sputum production: Color: whitish Consistency: Thick Amount per day: Hemoptysis:

Specimen collected today: YES/NO

Other symptoms:

Regular periods? YES/NO LMP: Pregnant? YES/NO

Contraception method:

Present weight: 141# Usual weight: 150 Height: 5'11"

ANTI-TUBERCULOSIS CHEMOTHERAPY PAST & PRESENT: (Specify drugs & dates) none

Other medications:

BACTERIOLOGICAL STATUS:

Last neg smear: (aerosol spontaneous)

Last neg cul: (aerosol spontaneous other)

Last pos smear: (aerosol spontaneous)

Last pos cul: (aerosol spontaneous other)

Susceptibility Studies:

Date:

Sensitive to all drugs: YES/NO

Resistant to:

MANTOUX SKIN TEST: Date: 4/13/04 Result: (mm of induration): 20mm

Other skin tests:

Signature: H. Caldwell, MD

Date: 4/14/04

FILM INTERPRETATION:

Dictation: 5-06-2004.

PA of the chest. Film dated 4-16-2004 taken at the health department. Soft tissue and bony thorax appear to be normal. The cardiac silhouette is normal. The hemidiaphragms are flattened. The lung fields, I don't see evidence of acute disease. Essentially normal chest.

STATUS: (Please circle one) NORMAL/ABNORMAL -If abnormal, please circle one: Cavitory-Noncavitory-Stable-Worsening-Improving

DIAGNOSES: (According to diagnostic standards) Latent tuberculosis infection. Mantoux on 4-13-2004 reported as 20mm.

RECOMMENDATIONS:

Since he is an inmate in jail, I recommend he have INH per protocol.

C. Neal Canup, M.D./sdc

M.D.

Date: 5-06-2004

Exhibit G
Tuberculosis Treatment Log for Jessie
W. Pearson

Phone

Initial Visit Date: 5/17/98 at Talmadge St. by Christopher S. [unclear] 20

AMOUNT (number of tabs/caps :mg) GIVEN

ADPH-TB-10/Rev. 9-97 (BS)